MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34130

1. PLACE OF DEATH

County *Putnam*   Registration District No. *718*   File No. _____

Township *Minority*   Primary Registration District No. *6430*   Registered No. *33*

City *Unionville Mo* No. _____   St. _____ Ward)

2. FULL NAME *Barbra E. Spence*

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)   (If nonresident, give city or town and State)

Length of residence in city or town where death occurred   yrs.   mos.   ds.   How long in U. S., if of foreign birth?   yrs.   mos.   ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	*White*	*Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF *G. E. Spence*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 19-1854*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	78	*10*	*5*	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *House Keeping*

10. Date deceased last worked at this occupation (month and year) *1933*

11. Total time (years) spent in this occupation *N M*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

13. NAME *John H. Stickler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Rebecca Waltz*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennsylvania*

17. INFORMANT *Mrs F E Myers*
(ADDRESS) *Unionville Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Cincinnati Iowa* DATE *Oct 25* 19*33*

19. UNDERTAKER *Comstock Mer Co*
(ADDRESS) *Unionville Mo*

20. FILED *Oct 24* 19*33* *Jno H Holman* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 24*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 16*, 19*33* to *Oct 24*, 19*33*

I last saw her alive on *Oct 24*, 19*33*. Death is said to have occurred on the date stated above, at *6:30 a.* m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	*20 yrs +*
W.D.B.	*8 days*

Other contributory causes of importance:
Intestinal Infection
Cause unknown Epidemic here

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____

(Signed) *O Neal Barker*, M.D.
(Address) *Unionville*